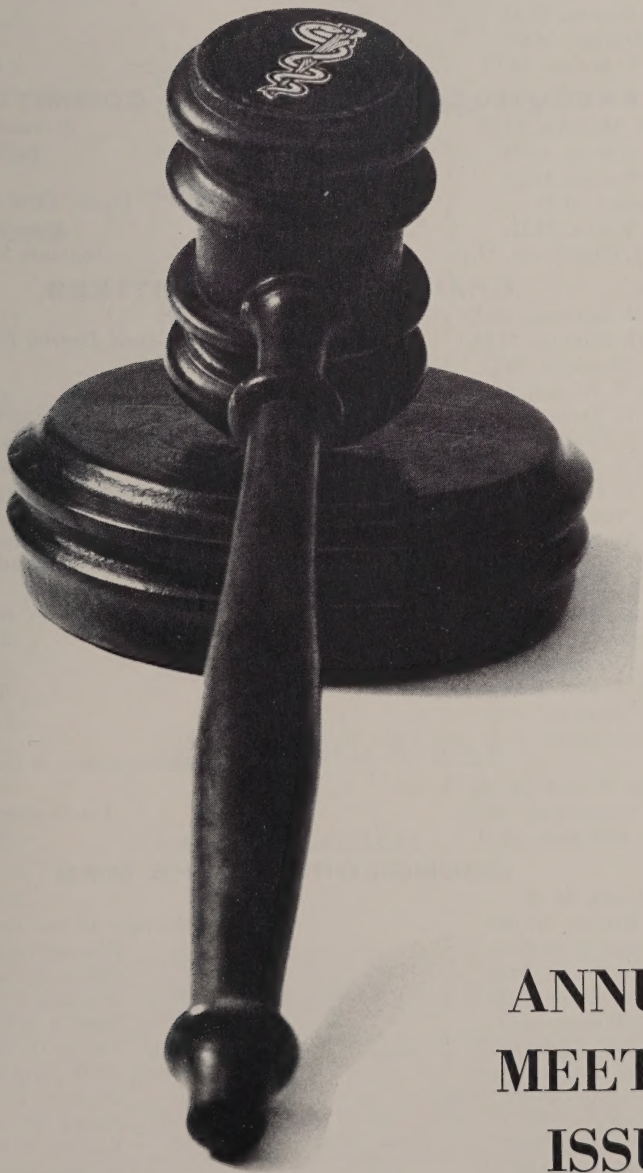
The Hampden Hippocrat

APRIL 1970



ANNUAL MEETING ISSUE

HAMPDEN DISTRICT MEDICAL SOCIETY

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A bulletin for
The Hampden District of
The Massachusetts
Medical Society

Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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THE HAMPDEN HIPPOCRAT is published monthly except for July and August.

The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

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LET'S NOT KILL OURSELVES!

As we approach another annual meeting of the HDMS, we should stop and take stock of what has transpired during the past year. It has been said that "officers may run an organization, but it is committees that make it." Reviewing committee reports, we find that much has gone on in some areas of the Society's interests and very little in others. However, the common thread throughout is that change is the predominant challenge facing us today. As tempting as it may be, we cannot back into the future looking wistfully at the past.

WHOLE EQUALS SUM OF PARTS

All the challenges we face in these volatile changing times place upon each one of us a greater demand for assuming our rightful role of leadership in all matters pertaining to health. There seems to have developed of late a new national pastime — "doctor baiting" and "doctor scapegoating." In the recent past, the individual physician seemed to be holding his own, particularly with his own cadre of patients. On the other hand, organized medicine on all levels has been and still is getting it in the neck. However, there seems to be developing now a reverse flow of criticism on the parts as well as the whole. This points up the old axiom that the whole is but the sum of its parts. Hence, the future of each and every physician as well as the future of organized medicine depends on the attitudes and activities of each and every one of us. No goal or program of any organization has any verity unless it is reflected in the personal and professional lives of its members. Our common bond is our profession, whatever the role we play therein, and the instrument through which our profession can fulfill its raison d'etre is an unified, dedicated, agressive, medical organization sensitive to and desirous of doing something positive for the health needs of the individual and the public at large.

ORGANIZATIONICIDE

No longer can we as individual physicians just sit on the sidelines, we must all get into the game. The team must not be just the "usual few in the medical society" who may have become so inbred and myopic that they cannot see the action in all its varying and broad aspects. You and I are needed — not to kill our organization, but to nurture and develop it as an instrument not only for our own good but also for the good of all. The following is a listing of ways in which an organization can be killed. It's origin is vague and it's wording has been enlarged and improved upon by time and repetition. Yet, its truism has never more been pertinent.

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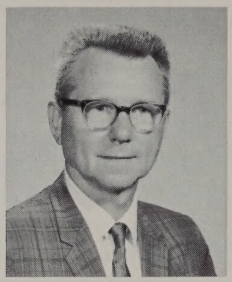
SIXTEEN WAYS TO KILL AN ORGANIZATION

1. Don't attend meetings, but if you do, arrive late.
2. Be sure and leave before the meeting is over.
3. Never have anything to say at meetings; wait until you get outside.
4. When at meetings, vote to do everything, and then go home and do nothing.
5. The next day, find fault with your officers and fellow members.
6. Take no part in the organization's affairs.
7. Be sure to sit in the back so you can talk things over with another member. Nobody will notice.
8. Get all the organization will give, but give nothing in return.
9. Talk cooperation, but never cooperate.
10. Never ask anyone to join the organization.
11. Threaten to resign at every opportunity; tell others they are standing for far too much.
12. If asked to help, always say you haven't time.
13. Never read anything pertaining to the organization; you might find out too much.
14. Never accept an office; it is much easier to criticize than to do things.
15. If appointed to a committee, never give any time to it; let the chairman do it.
16. Don't do anything more than you have to and when others willingly and unselfishly use their ability to help the cause, howl because the organization is being run by a clique.

If we are to survive as unshackled individual physicians and as a free and proud profession, then it is for us to contribute not just a fair share, but all that we can muster, for we are strictly on our own. Let's not kill it!

Let's go together ever upward and onward!

Ayres



EPILOGUE

As one reviews the course of events during the past year, one is impressed with the rapidity of changing developments and the appearance of a patch-work or brush fire character to these developments. Yet, objective careful analysis reveals a similarity of course resembling the merging of small streams into a major current with increasing force and disturbance.

Freedom and equality are ever-lasting enemies. When one prevails, the other dies. Leave men free, and their natural inequalities will multiply. To check the growth of inequality, liberty may be sacrificed, as in Russia after 1917. But even when repressed, inequality grows. Only the man who is below average in ability desires equality. Those who are conscious of superior ability desire freedom; and in the end, superior ability has it's way. The same comparison can be applied to ideas and attempted innovations.

On the basis of what I have observed during the past year, there are four areas of developing turmoil that will concern us all during the next year. May I briefly present them to you in an itemized fashion.

SALARIED PHYSICIANS

Our district society was only minimally disturbed by events at the Wing Memorial Hospital approximately three years ago. As somewhat similar developments occurred at the Springfield Hospital Medical Center and appear to be developing at the Wesson Memorial Hospital and the Wesson Womens' Hospital and as more of our colleagues accept salaried positions in emergency rooms of other hospitals, many of us naturally are becoming more aware that changes in the traditional "status quo" of medical and hospital life are occurring. It is important to keep in mind that these changing patterns are based on two concepts. First, that there have arisen new areas of need, unmet by traditional methods, and secondly, that in many instances, the physicians responding to serve in these positions are colleagues of yours and mine.

AREA MEDICAL PLANNING

Many people and many agencies, both private and public, are now involved. Out of all this preliminary involvement there will develop a main stream of activity which is both necessary and which will be beneficial to the community. Let us be willing at all times to offer our help, our guidance, and our time.

Ernest A. Byron, Jr.

* * * * * *

SPRINGFIELD

MEDICAL CARE FOR THE NEEDY AND INDIGENT

This is a problem facing most larger communities and one which we must be prepared to meet. That good and equally adequate medical care must be available to all is obvious. Those of us in private practice naturally believe it should and could be best administered and most economically supplied through private sources. There is no question in my mind that the vast majority of our people would prefer this method and would choose to receive treatment from a personal physician of their choice; but therein we are on the horns of a dilemma. The present shortage of physicians makes this arrangement impossible for many at the present time. There is good reason to believe that this will be available to all people within another ten years or so. But, in the meantime, we should, in cooperation with the hospitals, evolve methods of supplying care when and where needed.

MEDICAL ECONOMICS

As you may have heard, the Massachusetts Medical Society, as also other societies, is trying to resolve bitter issues that desperately need a solution. The usual and customary fee concept is being jostled about on troubled waters. Should it be replaced by a fee schedule, or should it be modified by a state wide relative value program? May this issue be resolved, and soon! As physicians, I know you share my wish that once again we should like to devote our attentions wholeheartedly to the practice of our profession and vacate the business arena which the public all too certainly associates with our present "image".

May I, in closing, quote my favorite historian: "Every day the sea encroaches somewhere upon the land, or the land upon the sea. Mountains rise and fall in the rhythm of emergence and erosion. To the geologic eye all the surface of the earth is a fluid form, and man moves upon it as insecurely as Peter walking on the waves to Christ".

Walter S. Mozden, M.D.

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HDMS COMMITTEES ANNUAL REPORTS 1969-1970

REPORT OF THE SECRETARY

This has been an extremely active year for your Society's headquarters. It started off with a bang beginning with the massive correspondence and multiple conferences pertaining to the attempt on the part of the Mass. Welfare Department to dictate the forms to be used for Medicaid reimbursement and going on to the successfully organized resistance by the physicians of the Society.

Under the capable leadership of President Mozden, the Society has this year advanced into several new areas of active involvement, spearheaded by the creation of three new committees: the Committee on Hospital-Physician Relations, chaired by Dr. D'Avanzo, the Committee on Inter-hospital and Community Relations chaired by the President-elect, and the brand new Peer Review Committee chaired by Dr. Beachman.

The questionnaire initiated by Dr. Mozden's request in order to improve communication with the membership with regard to the aims of the medical society on district, state and national levels, and with regard to the future of the Western Massachusetts Hospital, has met with good response from the membership. These have entailed a great deal of time for tabulation and evaluation but will continue to be extremely helpful in providing guidance to the Executive Committee and the various other committees of the Society.

The annual reports of the committee chairmen published herewith and those which may be delivered at the annual meeting attest to the energetic activities of many of our committees. Attendance by our membership at the quarterly dinner meetings continues at a high level. We were fortunate, indeed, to have Dr. Gerald Dorman, President of the A.M.A., speak to us on matters of mutual interest in November of 1969. On behalf of the entire Society, I wish to thank Mrs. Vivian Purdy, our Executive Secretary, and her part-time assistant, Mrs. Alicia Willard, for their willing and able approach to each new

NEXT MEETING

OF THE

HAMPDEN DISTRICT MEDICAL SOCIETY

TIME: TUESDAY, APRIL 28, 1970
Business meeting at 6:00 p.m. followed by
Social Hour at 7:00 p.m. and
*Dinner (Courtesy of Society) at 7:30 p.m.

PLACE: SHAKER FARMS
Westfield, Mass.

AGENDA: Annual Report of Officers and Committees
Election of Officers

YOUR PRESENCE IS URGENTLY REQUESTED

Bruce B Stoler MD

BRUCE B. STOLER, M.D., *Secretary*

*If you must cancel your dinner reservation, please do so before noon on April 28, 1970.

challenge throughout the year. Mrs. Purdy with characteristic enthusiasm has effectively represented our Society at many community meetings and social functions which the doctors have been too busy to attend and at still others to which the doctors were not even invited. She deserves the gratitude of all of us. I would be remiss if I did not also thank Dr. Maurice Boivin, our Assistant Secretary, for his valuable advice and assistance throughout the year.

During the past year the District was pleased to receive 21 new members — including 2 transfers and was saddened by the loss of 13 old members — 10 by death and 3 by transfer. There are now 431 active and 82 senior members in the Society.

Bruce B. Stoler, M.D.
Secretary

EXECUTIVE-GRIEVANCE COMMITTEE

The Executive-Grievance Committee of the Society met monthly except during July and August this year to consider those matters of concern to the Society as reported to the membership in the "Executive Committee Highlights" of *The Hampden Hippocrat* each month. Matters on which the Executive Committee required additional guidance before they could be acted upon were either referred to a study committee or to the membership at the District meetings. During the year 31 written grievances against members of this Society were received from patients, third-party payees, and other doctors. Most of these were considered and resolved by this committee and approximately half were decided in favor of the doctor.

Bruce B. Stoler, M.D.
Secretary

BLUE SHIELD COMMITTEE

The Hampden District Blue Shield Committee has functioned primarily in an informational capacity. To boil down voluminous information and discussion, the only real control we have over the basic issues is the vote cast individually at the public ballot in November.

Recently each of you received a twelve page compendium of the position of the Blue Shield at the moment. I doubt if the bulk of the members of the Society have digested this material. A brief summary of the present situation and changes is indicated.

As you are well aware each physician generates his own fee schedule. Blue Shield is currently using an up-dated, "usual and customary charge" data base, using charge information recorded from both Medicare and Blue Shield claims processed during the period of July 1, 1968 through June 30, 1969, replacing the previous data accumulated in 1967.

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These payments are divided into two areas: Boston and surrounding vicinity, and "the rest of the state". The Boston fees are approximately six percent higher. At the last Hampden District Medical Society Meeting a motion was made, seconded, and passed to the effect that the Hampden District Medical Society believes that Blue Shield-Medicare fees paid in Massachusetts should be uniform.

Your fees here in Western Massachusetts are generated by your own charges submitted during the dates described above, plus or minus one "standard deviation". This is a complex formula which amounts to more or less eleven percent in the bulk of cases.

Ninety percent of the charges submitted are within the limits described above and are paid across the board subject to the type of contract held by the patient. This is either the eighty percent acceptance method, or the vast bulk of which is the ninety-five percent acceptance.

There are nine variations of the Blue Shield plan in effect, the details of which are easy to see for each member simply by turning over the back of your next Blue Shield payment where they are listed including the variation of the plan held by the patient.

It should also be understood that Blue Shield is in fierce competition with commercial carriers. There is an implication that commercial carriers will even consider a financial loss in order to obtain contracts with large companies. Accordingly, as indicated in the ten page, comprehensive recent summary, Blue Shield may for a while retain a fixed fee plan "B" system for some large, industrial, competitive complex.

Ultimately it seems likely that "usual and customary" plus or minus one standard deviation will be generally accepted.

Looking towards the future it is my personal guess, but not necessarily that of the Society — district and state — or committee, that these figures will stabilize and probably be frozen by the federal government. My personal guess is that this will very likely happen by mid-1973.

Walter D. Carver, M.D.
Chairman

BYLAWS COMMITTEE

The Bylaws Committee was called upon to change the bylaws, but once, during the year. The proposed bylaw would have required Senior Fellows to pay annual dues to help defray the rising costs of running our Society. The proposal met with so much opposition and threats of mass resignation that the chairman, in panic, withdrew the proposed bylaw without presenting it for action.

Harry N. Memery, M.D.
Chairman

DISASTER MEDICAL CARE COMMITTEE

This committee had no meetings during this current year and there is nothing new to report.

William J. Cummings, M.D.
Chairman

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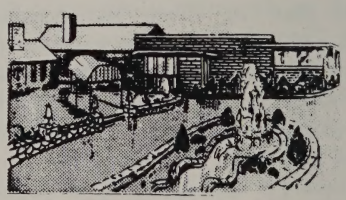
BOARD OR EDITORS — "THE HAMPDEN HIPPOCRAT"

The submission of this report marks the completion of twenty-eight years of publication by *The Hampden Hippocrat* on behalf of the HDMS. During 1969-1970, the *Hippocrat* continued to appear monthly except for July and August with all issues consisting of 32 pages. Besides serving as a news bulletin and a sounding board for the Society and its Woman's Auxiliary, the *Hippocrat* has made every effort to present various views on local, state, and national issues and developments such as: sex education in the schools, trends in the practice of medicine, the malpractice insurance dilemma, drug abuse, etc. The traditional "special theme" issues included: the Woman's Auxiliary, religion and ethics, and legislation. The "picture story" feature included the "Joint Meeting of the WAHDMS and the HDMS" and "White Cap Ball '69". Besides the above, a new provocative feature as written by our earstwhile Editor-Emeritus, Dr. Max Milman, and entitled "One Man's Opinion . . ." began its monthly appearance in October of 1969.

High praise and gratitude are certainly in order not only for all the members of the Board of Editors but also for the various HDMS committee chairmen and their respective committee members as well as specially invited contributors who submitted highly informative items. During the year, Dr. John J. Zadworny and Dr. William E. Nessell were added to the Board of Editors and Dr. Eugene G. Boss, Jr., resigned. During the year, the Board of Editors functioned with one less than the total of eight Associate Editors authorized in its "Guiding Principles". This is unfortunate for there must be a number of members in the HDMS with a flair for writing and with an interest in Society affairs judging from the various discussions heard at Society and committee meetings. More important though is the fact that the Editorial Board can become so inbred and myopic that it does not indeed present varying viewpoints on a broad range of subjects which are of interest to the Society's membership. Additional interested members on the Editorial Board would certainly be most welcome.

In May of 1969, the *Hippocrat* lost a most valuable guiding light and a source of inspiration with the passing away of Dr. Edward P. Bagg, Jr., the *Hippocrat's* first Editor-in-Chief and co-founder. He has been and will be missed not only by the *Hippocrat* but also by all privileged to have known this "gentleman and scholar" who manifested an unexcelled brand of leadership, dedication, and vitality, to say nothing of broad interest and talent. We need more such noble men in these tumultuous times.

Financially, the *Hippocrat* had another trying year, and reserves had to



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be tapped for the third year in a row to place the *Hippocrat* in your hands. Continuing inflation has been outstripping our ability to keep pace therewith via receipts from advertising. Quite a shock was received when an increase of approximately 60% in the printer's bill was demanded at the beginning of this calendar year. Since by far most of the *Hippocrat's* receipts go for paying the printer, it is quite obvious what this meant to the continued solvency of the publication. To castigate the printer was impossible for production cost analysis clearly pointed out the fact that the printer had indeed been "subsidizing" the publication for some time. Immediate remedies consisted of raising advertising rates with a prayer that advertisers would not be lost and searching for a new printer who might be within reach of our pocket-book. A new printer has been settled upon with only a 20% increase over our previous usual and customary costs. Hence, the coming year appears to be most crucial for the *Hippocrat* in terms of survival as a publication which we have come to know of late.

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The *Hippocrat* has always payed its own way through receipts from advertising. As a house organ it has shunned direct subsidy from its parent organization and avoided selling subscriptions to a wider readership because of an inherent possibility that editorial policy might have to be compromised to satisfy paying subscribers. However, each and every member of HDMS can help because each member has unique personal contacts in the solicitation of advertising. Talk up the *Hippocrat* to all possible advertisers; added prestige can accrue to both simply by mutual identification. Although the circulation may be limited, the audience is highly select. An advertising rate sheet as well as assistance is readily available from Mrs. Arthur Willard, our Advertising Director.

The *Hippocrat* is a bulletin for and of each individual member of HDMS. If you can do no more than communicate, then we implore you to send us your ideas, views, suggestions, questions, criticisms, and complaints. Share whatever is on your mind with us, for only through communication can progress be made.

Indebtedness to many for assistance and cooperation is a way of life for the *Hippocrat*. To extend thanks to each individually is impossible and to single out certain ones is potentially slighting; hence, to one and all in a measure best assayed by each individually, our deepest and sincerest gratitude is hereby extended.

John C. Ayres, M.D.
Editor-in-Chief

INTER-HOSPITAL AND COMMUNITY HEALTH PLANNING COMMITTEE

This committee met on several occasions. A questionnaire was sent out to all the members of the HDMS regard-

ing the future of the Western Massachusetts Hospital in Westfield. The response to the questionnaire was good. Moreover, as a result of this, certain conclusions could be drawn up. Apparently, it is the concensus of the District Society that the Western Massachusetts Hospital plays an important role in rendering medical care to the greater Springfield community and should be continued. The detailed report is on file at the HDMS's headquarters.

This committee is a new committee and therefore has growing pains. It becomes increasingly evident as every day goes by, that the practice of medicine is undergoing great changes that could almost be termed a revolution. We as physicians must attempt to keep abreast of these changes and in many instances ahead of them if possible and to offer our own constructive suggestions and criticisms. Twenty or more years ago, it seemed that medical care was a matter for the physician and the patient, but in 1970 a lot of other people are getting involved. As established physicians, we must keep abreast of the changes in patient care and offer a continuing role of leadership.

Kenneth L. Collard, M.D.
Chairman

MEDICAL LEGAL COMMITTEE

The Committee has met on two occasions with its counterpart committee from the District Bar Association. The major area of discussion has been an effort to improve relations between the two professions, and it was, therefore, decided to undertake an effort to update the "Medical-Legal Code for Hampden County" which was adopted some years ago. The two committees have spent considerable amount of time in reviewing the features of this, and it is hoped that a final form may be submitted to the HDMS for approval in the near future.

There have also been preliminary discussions by the joint group on techniques to utilize in combatting the increasing number of malpractice claims. The joint committees are currently undertaking to study practices current in other states, in the hope that the recommendation to the District Bar Association and the District Medical Society may be forthcoming.

Leon M. Kruger, M.D.
Chairman

MEDICO-RELIGIOUS COMMITTEE

The Medico-Religious Committee held its first meeting since the resignation of its previous Chairman, Dr. Leroy Kendrew.

Lost to us in death was Monseigneur Russell, whose counsel and dedication was a great asset in our deliberations. To add to our loss was the resignation of Dr. Harry Michelson, whose pertinent opinions and observations helped us understand our need to continue our interest and service to the incurable and dying patient.

There was a full discussion on the physician's role in sex education. It is generally agreed that this whole discussion of sex needs increased dialogue with parents, clergy, school officials and educators.

Much diverse opinion results from programs offered or introduced in schools on venereal disease, sex physiology, child birth, etc; perhaps, the most illuminating status of this whole

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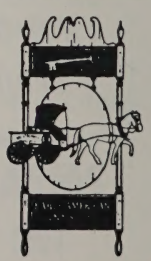
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problem is best outlined by Dr. Mary S. Calderone, Director of Sex Education Council, in the February issue of *Post Graduate Medicine*. Some of her writings follows:

"It is a universal human experience to be sexual and at all ages and stages of life to experience sexual feelings, non-genital as well as genital; since many parents will and do bring sexual problems to the physician, he must certainly encourage patients to verbalize their problems and attitudes toward sex; certainly the physician can instruct and remove traditional fears that; masturbation leads to mental deterioration; erotocism is dirty or immoral."

How much should be taught to children, by whom and at what age surely needs further study and discussion with parents, clergy, school officials and physicians.

SIECUS is leading a crusade to achieve the widest possible wholesome knowledge about sex, not as something you do, but as something you are, and to counteract the violent, dirty, threatening images thrust at us from all sides. This organization was founded in 1964, as a nonprofit voluntary health organization, dedicated to research and exchange of information about human sexual behavior and is listed as such in the AMA's directory of voluntary organizations. SIECUS itself has no sex education plan beyond that of encouraging communities to develop their own programs and to consult with them upon request. It publishes a quarterly newsletter and a series of study guides for adults on many aspects of sexual behavior. Its board of 50 members includes distinguished physicians, sociologists, lawyers, clergymen and educators. Clergymen from the three faiths have always been included, not to represent their faiths, but because of their commitment and contribution to the work. The original objectives of the group were directed not at the schools but at the total society, particularly the adult professional component. The organization works as much with the medical profession, clergy, and educators as with the schools and does not have school directed programs or curricula. It stresses a team approach by home, school and church to help children develop a stronger sense of their own sexual identity. She concludes: "Where I personally stand on all this is unquestionably in favor of a monogamy that precedes as well as follows the marriage ceremony. I also feel that the only valid out for us in a tight spot is the belief, and active support of that belief, that sexual experience is not a right to be claimed as soon as puberty sets in. It is a privilege to be earned only by the achievement of a certain amount of emotional maturity, and a minimal amount of chronological maturity. Now we set ages for legal majority, for voting, for drivers licenses. Why are we so afraid to say forthrightly: while you are still in high school, you are just too young in every way to make the mature judgments and decisions that this important step requires."

It is the opinion of the Chairman that such an approach should be initiated through the HDMS, by calling in for discussion Parent Teachers Associations, representative clergy, educators and physicians.

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In this way it is hoped that a satisfactory program can be evolved which, hopefully, will not bring down the wrath of the gods!

Francis A. Teta, M.D.
Chairman

MEMBER'S INSURANCE COMMITTEE

The officially approved group insurance plans sponsored by the HDMS continued to function well and the Committee has been very pleased with their administration. These plans include a health and accident insurance policy administered by the Lester L. Burdick Company, a group life insurance policy and a business overhead insurance policy administered by the Lessere-Wertheim Company, and also a personal catastrophe policy sometimes referred to as "an umbrella policy" administered by Field, Eddy and Bulkley Company. This latter policy has been a great help in increasing coverage for malpractice insurance, over and above the basic malpractice insurance. The Committee is well aware of the problems concerned with malpractice insurance, but a group policy in this field which would provide advantages over an individual policy is not available at this time. It is recommended that the members obtain individual policies for the basic malpractice insurance, and then use the group personal catastrophe policy to increase the coverage to one million dollars.

At the present time the Committee is engaged in attempting to improve our health and accident insurance coverage. The plan sponsored by the MMS is the same as ours, although the State plan does have lifetime total disability coverage for accidental bodily injury, in contrast to our ten year coverage. In addition, while both plans have ten year coverage for disability caused by illness, our plan permits five years of coverage while not house or hospital confined while the State plan permits six years. The Committee is negotiating with the insurance company so that the Hampden District plan will be similar to the State plan. On the other hand, the HDMS plan includes major medical coverage which the State plan does not. Other than Hampden, there are only five other district societies which have this major medical expense program. Meanwhile the Committee at the present time is engaged in negotiating with the insurance company for additional optional benefits.

H. Bernard Tillman, M.D.
Chairman

MENTAL HEALTH COMMITTEE

The plea of both the HDMS and the AMA has of late been "lead" or "follow" in matters pertaining to medicine.

I submit that there is a time to "lead" and a time to "follow". I fear that as a Society and specifically as a Com-

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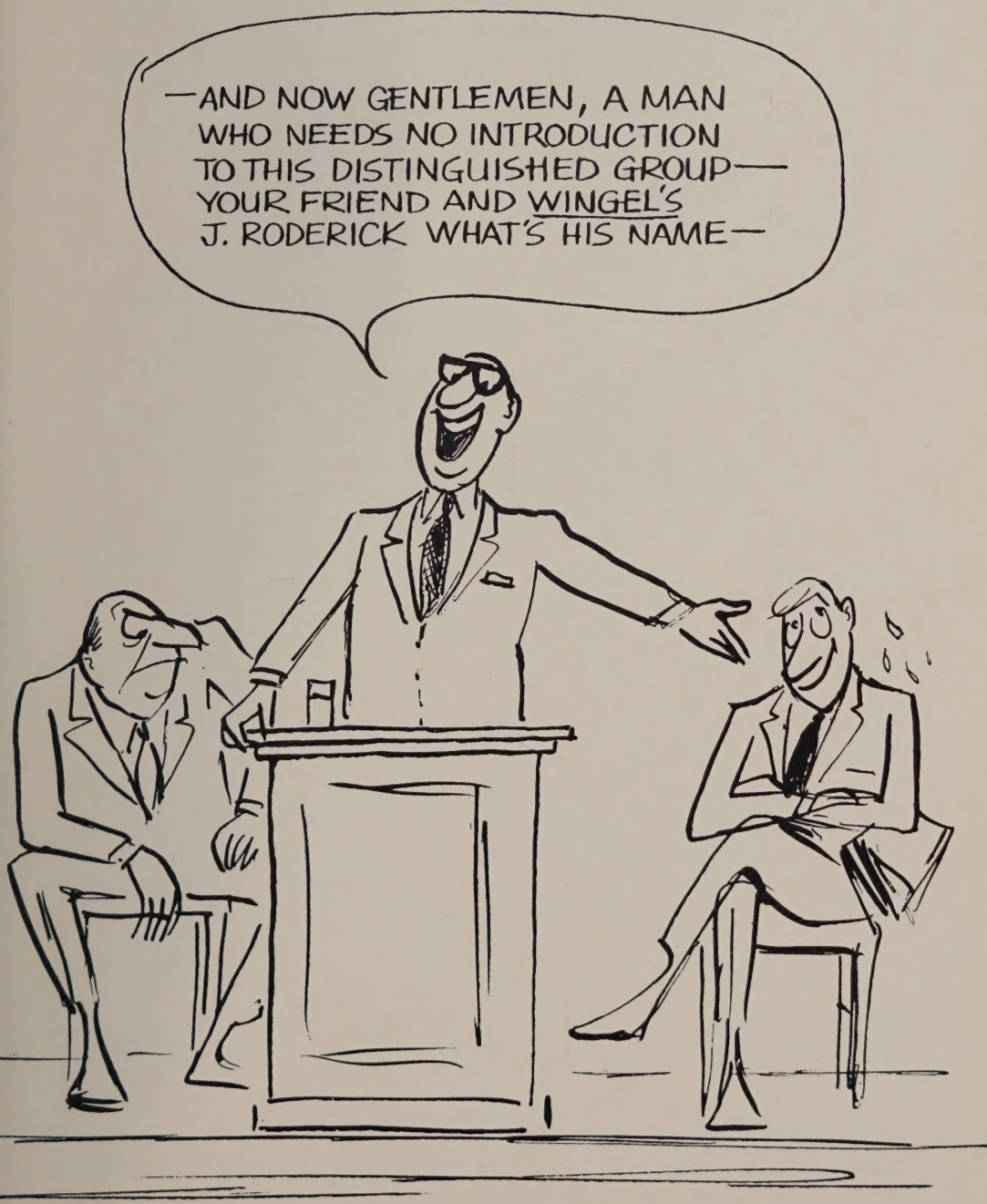
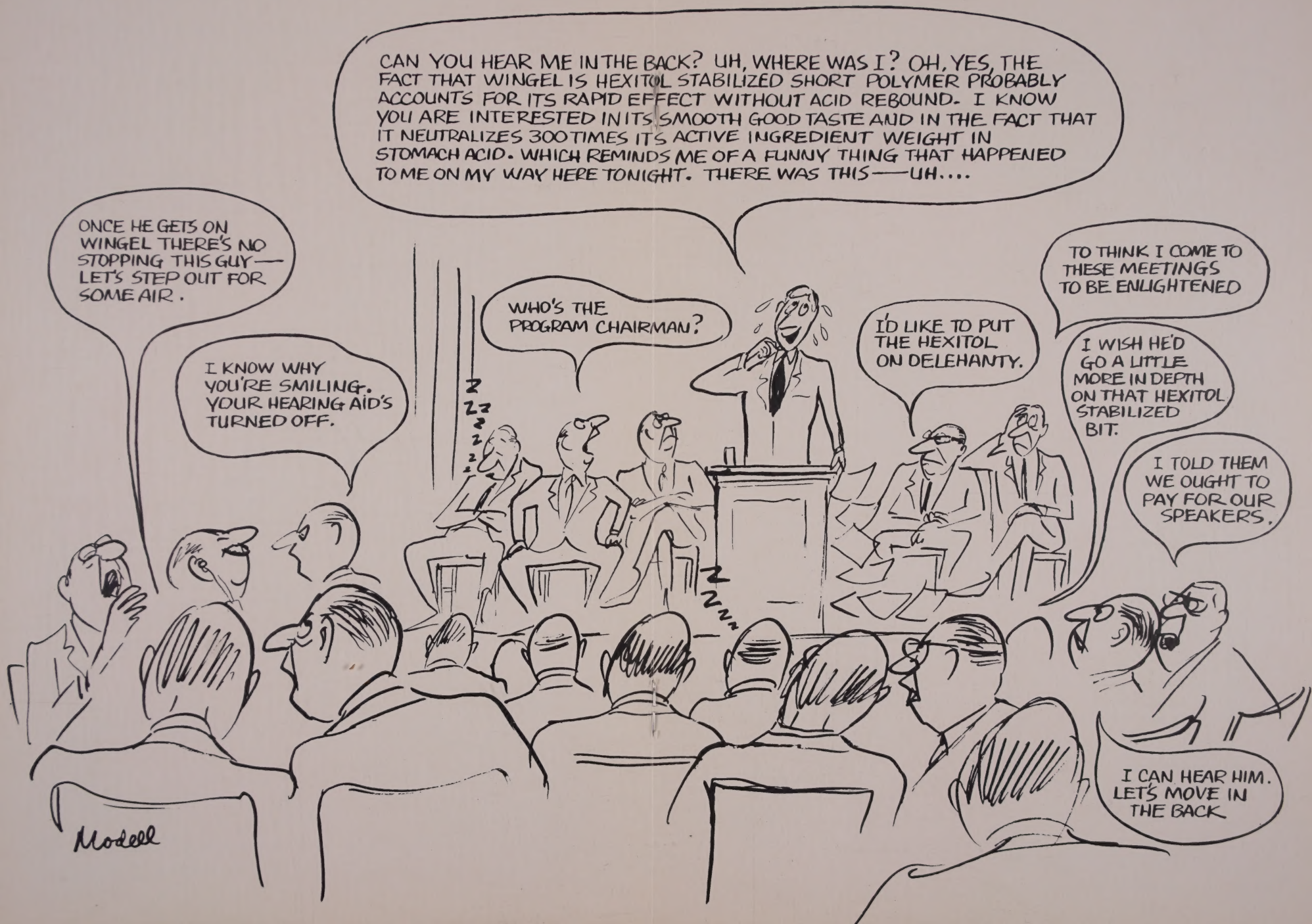
J. RODERICK DELEHANTY ADDRESSES THE COUNTY SOCIETY


—AND NOW GENTLEMEN, A MAN WHO NEEDS NO INTRODUCTION TO THIS DISTINGUISHED GROUP— YOUR FRIEND AND WINGEL'S J. RODERICK WHAT'S HIS NAME—


CAN YOU HEAR ME IN THE BACK? UH, WHERE WAS I? OH, YES, THE FACT THAT WINGEL IS HEXITOL STABILIZED SHORT POLYMER PROBABLY ACCOUNTS FOR ITS RAPID EFFECT WITHOUT ACID REBOUND. I KNOW YOU ARE INTERESTED IN ITS SMOOTH GOOD TASTE AND IN THE FACT THAT IT NEUTRALIZES 300 TIMES ITS ACTIVE INGREDIENT WEIGHT IN STOMACH ACID. WHICH REMINDS ME OF A FUNNY THING THAT HAPPENED TO ME ON MY WAY HERE TONIGHT. THERE WAS THIS—UH....
ONCE HE GETS ON WINGEL THERE'S NO STOPPING THIS GUY—LET'S STEP OUT FOR SOME AIR.
I KNOW WHY YOU'RE SMILING. YOUR HEARING AID'S TURNED OFF.
WHO'S THE PROGRAM CHAIRMAN?
I'D LIKE TO PUT THE HEXITOL ON DELEHANTY.
TO THINK I COME TO THESE MEETINGS TO BE ENLIGHTENED
I WISH HE'D GO A LITTLE MORE IN DEPTH ON THAT HEXITOL STABILIZED BIT.
I TOLD THEM WE OUGHT TO PAY FOR OUR SPEAKERS.
I CAN HEAR HIM. LET'S MOVE IN THE BACK
Modell

GREAT SPEECH, DELEHANTY. BY THE WAY, DO YOU HAVE ANY WINGEL ON YOU?
SAY, DELEHANTY, DINNER LEFT ME A LITTLE OUT OF SORTS. CAN YOU SPARE A COUPLE OF THOSE NON-GRITTY TABLETS?
AS PROGRAM CHAIRMAN, DELEHANTY, I HAVE A FEELING THAT I'M GOING TO NEED SOME WINGEL VERY SOON.
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mittee of Mental Health, we have failed to heed the message. We attempt to "lead" when it is too late and when the opportunity has been lost. We fail to "lead" or even become involved, when we have the opportunity.

In the next few years, as much as ten million dollars is to be spent in the Hampden District on facilities to deliver care to the mentally ill and to the handicapped. As a Society, we should be in the forefront with advice as to the kind of facilities we need and how it should function to best serve the citizens of this County.

Here and now, we have an opportunity to "lead". Yet, there is an almost complete lack of interest and certainly lack of activity by those physicians, who have expertise in this area, and could best render this service of leadership. They are the very ones who will scream loud and long in about five years when the facilities and the policies have been established by lay groups and governmental agencies; and again, they will cry for leadership and again, it will be too late.

It is my suggestion that the Society exert active leadership in this area or disolve this Committee. The citizens of Hampden County deserve nothing less.

H. H. Shuman, M.D.
Chairman

PHYSICIAN-HOSPITAL RELATIONS COMMITTEE

This committee was appointed as the result of a vote of the members at the last annual meeting. During the year, our committee has held numerous meetings in order to decide on the most important and urgent facets in physician - hospital relationships. We have also been busy collecting factual information regarding these facets.

The Committee presented a complete report to the members at the February 3rd meeting of the Society at Storrowton. At that meeting the members discussed and voted for the following resolutions:

(1) REPRESENTATION ON BOARD OF TRUSTEES

Whereas representation of the medical staff is far from adequate on the board of trustees of most hospitals and whereas the medical staff should have adequate representation to serve the hospital and community more effectively, be it resolved that this Medical Society

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go on record as favoring increased representation of our physicians on the board of trustees in the hospitals in the Hampden District.

(2) PROTECTION OF HOSPITAL APPOINTMENTS

Whereas the hospital has become indispensable in the professional and economic life of most physicians, it is also necessary for the physician to be entitled to due process and a hearing if the physician's staff appointment or privileges are threatened in any way, and the details for this procedure and hearing should be included in writing in our Medical Society and hospital staff by-laws.

(3) CORPORATE PRACTICE OF MEDICINE

Whereas it is recognized that any hospital that engages physicians on a salaried basis and collects and keeps the fees for the physicians' services is engaged in the corporate practice of medicine, and whereas this practice is becoming increasingly more prevalent at this time and will eventually affect the professional and economic status of most physicians in this county, be is resolved that every hospital medical staff discuss this problem fully in order to help advise the District Medical Society to reach more definitive decisions concerning this problem.

For the remainder of the year, this committee will continue to help bring the expressed wishes of the membership into full realization. The Committee will also consider other facets of physician-hospital relationship, and we welcome any suggestions the members of the Society may have to offer. These suggestions should be in writing.

Charles S. D'Avanzo, M.D.
Chairman

PUBLIC HEALTH COMMITTEE

The Public Health Committee met several times during the year to discuss the role (or lack of role) HDMS was playing in guiding the medical evaluation aspects of the Federal ESEA program of the Springfield School Department. A letter was sent to Dr. John Deady reiterating the interest of HDMS in this program and again offering our assistance. He replied that all was proceeding smoothly in this area. No further business was brought before this committee during the year.

Robert A. Sears, M.D.
Chairman

PUBLIC RELATIONS COMMITTEE

Almost everything the Society does has a bearing on public relations, and this thought should be extended to include each member's professional and personal life. The public is most critical and at times expects standards far above their own.

We should be very proud of many of our projects and activities and I shall mention a few:

The five films on V.D., sex education and drug abuse are in constant demand. Our speakers' bureau has been very active in presenting medical subjects including drug abuse to the public.

Our Grievance Committee is not mentioned too often, but it performs an extremely useful service.

Our relations with the press continue to leave a lot to be desired. One often gets the impression that the so-called "freedom of the press" is always a one-way street with little consideration being given to the reading public's right to honest and unbiased facts and information.

Recently the Mobile Health Unit from Boston has been in town making the

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rounds of schools in this area. This is a project of our Auxiliary.

I wish to thank all those who have done so much for the HDMS during the past year. Before closing I wish to call attention to the fact that our Executive Secretary, Mrs. Purdy, is one of our best P-R assets.

Wayne C. Barnes, M.D.
Chairman

SCHOLARSHIP COMMITTEE

In October, 1969 the Scholarship Committee completed its review of seventeen completed applications, and awards totalling $1,153.20 were made to five applicants — three medical students and two nursing students.

This year, the Committee has come to feel that the HDMS should further recognize obligations to students entering the health programs by considering additional ways of providing more financial help to needy students. Following the Executive Committee's review of the Committee's suggestion in December, we were instructed to investigate further the possibilities of developing a loan fund for this purpose. As part of this study, all district societies in the Commonwealth have been contacted for knowledge of their programs. Also, the Massachusetts Dental Society's student loan program (which now has a loan fund currently involving fifty students) is being reviewed as a model to consider in making suggestions to our own society's membership. At the present time we are in the process of working out several possible alternatives for administering a revolving loan fund; separate from our present scholarship grant fund. The Board of Directors of the Charitable and Educational Fund of the MMS, which administers our present small scholarship program, will themselves consider whether they are in a position to broaden the scope of their administrative assistance to the HDMS. We also must plan for legal counsel advice at both the state and district society levels before we can make concrete suggestions to the Executive Committee.

We are hopeful that some type of additional financial aid program can be developed before the summer of 1970 for consideration and vote by the HDMS, and put into action by next fall.

One of our members (Dr. Corcoran) found it necessary to resign during the year because of his pressing responsibility elsewhere in the medical community.

B. Lincoln Wales, Jr., M.D.
Chairman

WOMAN'S AUXILIARY COMMITTEE

The Women's Auxiliary under the able guidance of Mrs. Medbury has once again had a successful year. The women continued to show their husbands that they can "produce" and perhaps they should even be given more opportunities to show how they can help the parent organization.

Thanks, ladies, and keep up the good work!

Carlo Q. Montori, M.D.
Chairman

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IN MEMORIAM

NORMAN A. POKORNY, M.D.

1903 - 1970

Dr. Norman A. Pokorny of 147 Shaker Road, Longmeadow, died at the Wesson Memorial Hospital on February 25, 1970.

Born in Milwaukee, Wis., on August 12, 1903, Dr. Pokorny graduated from Marquette University in 1925 and received his doctorate in medicine from John Hopkins Medical School in 1929. After serving an internship at the Peter Bent Brigham Hospital in medicine and pediatric residencies at the Babies Hospital in New York City and the Children's Hospital in Boston, he came to Springfield in 1933 where he engaged in the practice of pediatrics and allergy until his demise.

Dr. Pokorny served on the medical staffs of the Wesson Memorial Hospital, the Springfield Hospital Medical Center, the Wesson Women's Hospital, the Noble Hospital, and the Wing Memorial Hospital. He was certified by the American Board of Pediatrics and the American Board of Allergy. Moreover, he was a member of the AMA, MMS, and the HDMS as well as a fellow of the American Academy of Pediatrics and the American Academy of Allergy.

To his family, his friends, and associates deepest sympathy is hereby extended.

IN MEMORIAM

STANLEY S. STUSICK, M.D.

1899 - 1970

Dr. Stanley S. Stusick of 2033 Wilbraham Road, Springfield, died at his home on February 27, 1970.

Born in Chicopee, Mass., on September 25, 1899, Dr. Stusick attended local Springfield schools and received his doctorate in medicine from Tufts Medical School in 1924. After serving an internship and residencies in obstetrics and surgery at the Women's Hospital in New York City, the Providence Lying-In Hospital, and the Springfield Hospital, respectively, he engaged in the practice of his specialty in Springfield until his demise.

Dr. Stusick served on the medical staffs of the Springfield Hospital Medical Center, the Wesson Women's Hospital, the Wing Memorial Hospital, and the Mary Lane Hospital. He was a fellow of the American College of Surgeons and a member of the AMA, MMS, and HDMS. He was a veteran of World War I.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

UPDATING THE ACADEMY

The recent death of the world renouned hematologist Dr. William Dameshek, brings to mind the many times he addressed the Springfield Academy of Medicine as guest speaker.

Most of all it brings to mind the spring of 1957, when he favored us with a most fascinating and illuminating medical travelogue. The occasion was the Academy's 50th Anniversary. It was a gala affair, held in the main ballroom of the Kimball Hotel and attended by a large gathering of members and their wives.

Another highlight of the Academy's semi-centennial jubilee was the presentation by the late Dr. William A. R. Chapin of the history of the Academy, a synopsis of which was carried in *The Hippocrat* of October, 1957. After describing the establishment of the Academy by a small group of farsighted physicians, he listed the various dwellings it occupied since its inception in 1907. He then restated the purposes of the Academy, which are: (a) to foster post-graduate education in the various branches of medicine and dentistry, (b) to maintain an active medical library, and (c) to promote health education in the community.

POST-JUBILEE ERA

Since Dr. Chapin, by necessity, covered the Academy's history only as far as its semi-centennial anniversary, it is pertinent to inquire: what changes, if any, have transpired during the last thirteen years?

Most striking, unquestionably, is the change in emphasis from lectures and conferences to books and journals. In other words, whereas in the past the most important function of the Academy was the monthly meeting, today it is its library. Meetings are still held on the second Tuesday of each month but attendance has fallen off sharply in recent years. The chief reasons for this decline in attendance are the numerous hospital meetings and ever increasing pressures on the physician's time and energies. Moreover, in this day of specialization it is extremely difficult for the program committee to organize a program that would attract a significant segment of our profession. It is interesting to note that thanks to sponsorship by drug concerns and the Western Massachusetts Heart Association, these meetings hardly make any demands today on the Academy's treas-

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ury. Needless to say, however, that if more funds were available, the Academy's activities could be expanded to include post-graduate courses, seminars, panel discussions, etc. To quote from a previous column: "It is universally agreed that at no time in the history of medicine was the need for continuing medical education as great as it is today . . . In the absence of a medical school in our midst the least we can do is to provide a first rate post-graduate facility centered, most logically, around the Academy. Hospital conferences are indispensable, of course, but tremendous need exists also for other and even more comprehensive programs that would benefit all, including the non-affiliated physicians in the area."

THE RELEVANCE OF THE LIBRARY

Turning now to the library, we find here the situation somewhat different. Referring again to Dr. Chapin's history, we learn that the Academy library began in 1915 with several medical books borrowed from the Springfield Library Association. Journals are not even mentioned. Today our library is surpassed in this state only by the Boston (Countway) Medical Library. Our shelves count more than 11,000 volumes and we receive 173 medical journals. There was ample room to spare when the library first transferred to its present quarters; today we could use another 25% or 50% of floor space. In the last decade at least two organizations expressed interest in absorbing the Academy library, but our leadership, in each instance, very wisely refused the offer. The library now receives its financial support from two sources: (1) regular membership dues and (2) sustaining membership contributions from business and industry. The income from these sources, however, is not sufficient to keep the library within the black column of the ledger. This sad condition prevails notwithstanding the judicious management by our officers and by our very capable librarian, Mrs. Mildred Lund. Costs, as we all know, are constantly soaring. Moreover, we must realize that medical libraries must be kept up to date; otherwise, they are sure to become museum pieces in short order.

"I receive all the journals I can read." "My hospital library is well stocked." "Why should I support the Academy library?"

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To answer such and similar questions we might begin by listing the number of library services rendered, as published recently by the Academy:

1. Order books for you from publishers at 10% discount.
2. Have a photoprint of any article in our library sent to you on request.
3. Obtain for you photoprints of articles not available locally from the Countway Library in Boston.
4. Have a bibliography searched for you on any subject.
5. Obtain for you reference information, addresses, meetings, biographical data, referrals, specialty certification, etc.
6. Have information compiled for you for lecture, etc.

To this should be added the little known fact that the Academy library renders annually about 1,000 items of inter-library service in the community. What is meant by this is that hospital libraries borrow from the Academy publications not carried on their shelves.

What should be added also is that the Academy library caters today not only to the needs of physicians and dentists but also to those of students, researchers, industry, business and insurance establishments. The use of our library by students from the various schools and colleges in the area has increased of late to a great extent and will undoubtedly continue to do so as time goes by. In short, our profession is no longer the sole or exclusive beneficiary of the Academy library. This central facility, in fact, has become an indispensable ingredient of our total civic, cultural and educational environment. The chief responsibilty for its support, nevertheless, remains our own. In this respect it resembles our obligation to the Boston Medical Library, which we have been supporting (through dues to the MMS) for many years now.

SHALL WE MERGE?

The big problem is how to get all the members of our profession involved. At the moment, as we all know, only a fraction of our colleagues lend their support to the Academy and its library. Recent efforts on the part of a very energetic Membership Committee, met with only partial success. Somewhere in Washington, we are told, there is a fund earmarked for library assistance, but as of now no such subsidies have been forthcoming.

It would seem that the only conceivable solution is for the HDMS and the Academy to amalgamate or merge. Much of our membership even now overlaps to a considerable degree. The idea of a merger is nothing new. It has been done in other communities and has been suggested here time and time again. The great wonder is that nothing has ever been done about it. There are many who believe that the time has finally come for the creation of a joint committee to at least explore and consider the feasibility of such a merger. Who knows, this may well be the first step in the right direction.

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HIGHLIGHTS OF THE MARCH EXECUTIVE COMMITTEE MEETING

The regular meeting of the Executive Committee was held on Tuesday, March 17, 1970 in the Conference Room of HDMS. Present were Drs. Mozden, Goldberg, Boivin, Barnes, Sullivan, Hough, Cummings, Kelly and Mrs. Purdy.

Dr. Mozden called the meeting to order at 8:20 P.M.

The minutes of the February Executive meeting were read by Dr. Boivin and approved by the Committee as read.

CORRESPONDENCE

Dr. Anton wrote expressing his concern about Bulletin #12 issued by the Massachusetts Hospital Association. The Committee voted to send a letter to Blue Shield asking for further information.

An informational letter from Dr. Stein, Chairman of the Environmental Health Committee of the MMS was read informing HDMS of this newly formed committee appointed by Dr. Fine, President.

Dr. Ayres presented three new names for appointment as Associate Editors of *The Hampden Hippocrat* for approval by the Executive Committee. The names of Drs. Mozden, Nessell and Stevens were all approved unanimously by the Committee.

Dr. Gephart acknowledged receiving the HDMS correspondence on the two recommendations made by the Hospital-Physician Relationship Committee.

Sister Patricia Marie, Secretary to the Providence Hospital's Board of Trustees, acknowledged receiving the resolution relative to including physicians as elected members of the governing board and stated that Providence Hospital wholeheartedly agrees.

COMMITTEE REPORTS

All Annual Reports of Committees were approved by the Executive Committee and are printed elsewhere in this issue.

OLD BUSINESS

As instructed last month by the Executive Committee, Mrs. Purdy talked with Mr. Auchter concerning the Interhospital Organ Bank. Mr. Auchter would appreciate the cooperation of the HDMS on this. Eight physicians have already donated kidneys to the bank. Dr. Barnes, Public Relations Chairman, was asked to talk with Mr. Auchter and possibly write a newspaper article in favor of the effort.

Mrs. Purdy gave an office report. She attended the AMA-AMPAC workshop on Public Affairs in Washington, D.C. She also attended two other meetings locally on community health planning. The meeting called by the CVHPC was discussed and the Committee expressed much interest in the proposed Multi-Service Health Center being planned. Minutes of the meetings will be requested.

Dr. Mozden announced some of the names of members to serve on the Peer Review Committee. As it has not been completed as yet, these names will be announced at a later date.

The meeting was adjourned at 10:30 P.M.

The Grievance Committee convened and heard two cases.

The meeting was adjourned at 11:00 P.M.

MERCY HOSPITAL TO BUILD

by

Frank E. Hurley, M.D.

Several hundred feet from the site of the first venture into the provision of medical services for the Springfield area under the name "Mercy", will soon rise a three hundred and three bed hospital destined to continue this uninterrupted service. In 1896 the first "House of Mercy" came into existence when a large private home located on Carew Street was converted into a thirty bed hospital to provide medical care for the poor of the City. It's owner, The Most Reverend Thomas D. Beaven, second Bishop of Springfield, invited the Sisters of Providence to administer the hospital. Over the period which now approaches three quarters of a century his successors and the dedicated women, the Sisters of Providence, have labored long and hard in this apostolate at the same site.

Because of the great demand to provide facilities for the ill returning Spanish American War Veterans, two years later, construction of the present "general" wing of the hospital was begun. The Maternity Hospital built in 1907 and the later addition to the main hospital built in 1928 represent the Mercy Hospital as it is today.

A few years ago a long range development plan to meet the ever expanding need to provide medical services of the highest quality, in the most efficient fashion was begun. The plan is designed to utilize the present structure where possible and to supplement new structures as the need appears. It provides for the development of a flow of in-patient and out-patient facilities which will be located around the land area of the original hospital buildings and those which have been acquired over the past decade or so.

The first phase of this long range plan is a three hundred and three bed hospital to be constructed near the southeast end of the land currently available. Following many months of study and exchange of ideas on the part of Administration, Board of Trustees, Professional Staff, Conultant Engineers and the Architectural firm of Westerman-Miller Associates, the latter has been given the go ahead for detail drawings in preparation for contract bids. Current estimates indicate a cost figure in the neighborhood of eighteen million dollars.

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the present installation, which has suffered from obsolescence for some years, and to provide for the delivery of complete medical services with one exception. Study of the community needs and the current facilities available convinced the group that the provision of obstetrical services in the new hospital, at this time, was not in the best interests of the community, and as a result, plans do not include obstetrical facilities in the new hospital. In some areas of the new hospital, where studies have indicated a present and future need, in addition to replacement of present facilities, there is a modest expansion of facilities.

The new complex will include a new hospital and a professional office building (estimated to cost two million dollars) connected by covered corridors and a covered corridor connection to the existing "wing section" which will provide for self care and extended care services. The new hospital will be a six story structure which will house all the present services except obstetrics and rehabilitation. The latter service is to be expanded in the renovation of the present "wing" section and recently added emergency room.

The new building will be located at the head of Everett Street in line with the present Cass Street. The six level structure will have frontage of two hundred and sixty four feet. The entrance lobby will be at the left of the building at the second level. That floor will also contain the coffe shop, gift shop, admitting office, out-patient department, emergency unit, and the radiology department.

The first floor level will contain the morgue, various service departments, food service and the employees' dining room. The third floor will have a doctor's lounge and library, the administration and business offices, pharmacy and medical record section.

The fourth floor will have the intensive care unit, the critical surgical nursing care unit, the surgical and recovery care units.

The doctor's office building will have a frontage of 65 feet, and a depth of 200 feet. It will have an adjacent 180 auto parking lot separated from the more extensive parking lots for the hospital.

As part of the eighteen million dollar project, a new plant building will be erected to the rear of the hospital and furnish heat and cooling to the totally air-conditioned hospital and office building.

When the new hospital is completed the old hospital building erected at the turn of the century will be phased out and later demolished. The land will be used for parking facilities, and as indicated above, for future developments.

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HAMPDEN CAPSULES

Dr. and Mrs. Sannella received the 1970 Rose Kamberg Citation given by the American National Theater and Academy for their outstanding contributions to the theater as members of the audience.

Dr. Zacarian has been elected to membership in the Pacific Dermatological Association and affiliate membership of the Royal Society of Medicine in London.

Dr. Hopkins is retiring after fifty years in medicine as of July 1st.

Dr. Ashton was recently written up in the Springfield Union "Profile".

Dr. Walter Tauber was also written up in the Springfield Union "Profile".

Dr. Charles S. Kahn is a transfer from nonresident member to Hampden.

Dr. Calvert Stein was visiting professor of Psychiatry at the University of South Carolina for January and February.

Dr. Coons has left private practice to assume duties as Assistant Medical Director at Massachusetts Mutual Life Insurance Company.

Dr. Huston has been appointed State Deputy Grand Marshall of the Lodge of Masons.

Dr. Richard Baldwin has opened an office in the New North Professional Building in Springfield. He also has an office in Westfield.

Dr. Kinsella was re-elected as chairman of the Health Board of West Springfield.

Three Holyoke physicians have purchased a building in Easthampton to be used as a medical center. Drs. Berton and Myra Shayevitz and Dr. Hilf are the purchasers.

Dr. Donald Hayes has been appointed to HEW's National Advisory Council on Economic Opportunity.

Dr. Schimmel has joined the Department of Anesthesiology at the Providence Hospital.

Dr. Abrams was appointed to the Board of Trustees of the University of Massachusetts.

Mrs. Purdy attended AMA AMPAC Workshop on Public Affairs held over a weekend in Washington, D.C.

Dr. Ayres made the American Medical News, March 2, 1970 on his editorial in the December issue of *The Hampden Hippocrat.*

Drs. Mandell and Burkin visited the University Medical Center in Jerusalem recently.

Dr. D'Avanzo made the *American Medical News* with a letter to the editor — "The Problem of Corporate Practice".

Dr. Hayes will be a Moderator at the 4th National Congress on the Socio-economics of Health Care in Chicago at the Palmer House.

Dr. Robert Moriarty attended a meeting of the Mold and Pollen Committee of the American Academy of Allergy.

Dr. Alicandri attended a two day symposium on isotopes in Chicago.

Dr. LaMarche participated in a program on "Spinal Disorders in Children" held in Georgia.

Dr. William Kisiel was presented a gold tie clasp by the Committee on Special Exhibits of the AMA in recognition of 20 years service in staffing fracture exhibits for the AMA.

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THE ANNUAL MEETING
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TIME:	TUESDAY, MAY 12, 1970 Business Meeting and election of officers at 6:30 p.m. Social Hour at 7:00 p.m. Dinner ($6.00 per person) at 7:30 p.m.
PLACE:	SHAKER FARMS Westfield, Mass.
SPEAKER:	RICHARD P. BERGEN Director of Legal Research Dept. AMA
TOPIC:	"MALPRACTICE"

This meeting will be held in cooperation with the HDMS and the Hampden County Bar Association. All members of these organizations have been invited.

MARK YOUR CALENDAR NOW!

HDMS ANNUAL MEETING, APRIL 28.

HDMS EXECUTIVE COMMITTEE MEETING, MAY 19 and JUNE 16.

HDMS GOLF DAY, ELMCREST COUNTRY CLUB, EAST LONGMEADOW, JULY 15.

MMS ANNUAL COUNCIL MEETING, BOSTON, MAY 20.

MMS ANNUAL MEETING, BOSTON, MAY 26-28.

AMA CONGRESS ON ENVIRONMENTAL HEALTH — POPULATION GROWTH, WASHINGTON, D. C. MAY 4 and 5.

AMERICAN PSYCHIATRIC ASSOCIATION, SAN FRANCISCO, MAY 11-15.

AMERICAN GASTROENTEROLOGICAL ASSOCIATION, BOSTON, MAY 20-23.

AMERICAN SOCIETY FOR GASTOINTESTINAL ENDOSCOPY, BOSTON, MAY 20.

AMA ANNUAL MEETING, CHICAGO, JUNE 21-25.

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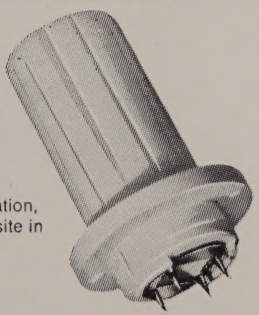

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